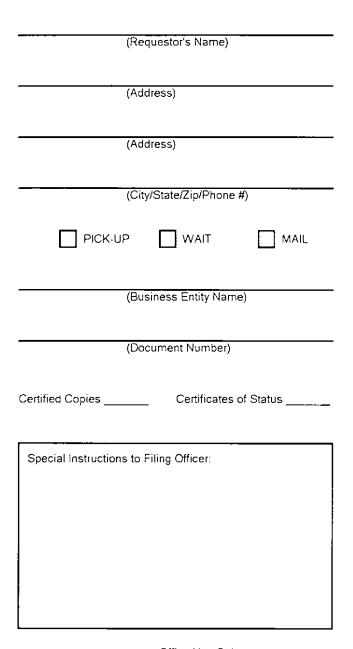
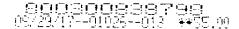
# 117000106386



Office Use Only



800300838798





S. WARREN JUN 3 0 2017

# **COVER LETTER**

TO: Registration Sec Division of Corp					
	ERAGES LLC				
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspon	ndence concerning this matter to	o the following:			
	TAL SHEINMAN				
		Name of Person			
	D & S BEVERAGES LLC				
		Firm/Company			
	2047 SW 31ST AVENUE				
		Address			
	PEMBROKE PARK, FLOR	RIDA 33009			
		City/State and Zip Code			
	SHEINMAN3@GMAIL.CO	M  be used for future annual report notific	nuti na		
For further information co	oncerning this matter, please cal	, in the second	audin		
TAL SHEINMAN		at (1 586-8215 Area Code   Daytime			
Name o	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & S BEVERAGES LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L Florida document number L17000106386	Liability Company	were filed on $\frac{M}{2}$	AY 12, 2017 and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company h	ere:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the c	lesignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2047 SW 31ST AVENUE			
		PEMBROKE PARK, FLORIDA, 33009			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	• • • • • • • • • • • • • • • • • • • •		2047 SW 31ST AVENUE PEMBROKE PARK, FLORIDA 33009		
3. If amending the registered agent and registered agent and/or the new registered o	l/or registered o		our records, enter the name of the		
Name of New Registered Agent:	TAL SHEINM	AN			
New Registered Office Address:	2047 SW 31ST	AVENUE			
<del></del>		Enter Flo	rida street address		
	PEMBROKET		, Florida <sup>33009</sup>		
		City	Zip Code		

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Quent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TAL SHEINMAN	2047 SW 31ST AVENUE	■ Add
		PEMBROKE PARK, FL 33009	□ Remove
			Change
AMBR	YAGUR SHEINMAN	7 WEST 45TH STREET	
		NEW YORK, NY 10036	■ Remove
			Change
			Remove
		<del></del>	Change
			Remove
			Change
		-	Add
			Remove  17 Change  29 Add CO
			Remove 55

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ective date, if other than the effective date is listed, the date in ect. If the date inserted in this	ne date of fili oust be specific a block does no	ing: and cannot be prior t meet the applic	to date of filing or m	(o ore than 90 days a grequirements,	<b>ptional)</b> after filing.) Pi this date wi	ursuant t Il not be	o 605.0 : listed
ument's effective date on the				2 · · · · · · · · · · · · · · · · · · ·			
rocord enecifies a delay	ed effective ecord is file	e date, but no d.	t an effective t	ime, at 12:0	1 a.m. on	the e	arlier
ne 90th day after the re							
ne 90th day after the re	MARKET BOX	2017				17	
he 90th day after the re		2017				17 JUA	
he 90th day after the re	Signature of	_ `	orized representative	of a member		17 JUN 29	- T1 

Page 3 of 3

Filing Fee: \$25.00